

9121

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		STATE FILE NO. 552	
STANDARD CERTIFICATE OF DEATH		BUREAU OF VITAL STATISTICS		REGISTERED NO. 7	
COUNTY	Yuma	STATE	ARIZONA		
TOWNSHIP	Yuma	OR VILLAGE	Yuma General Hospital		
CITY	Yuma	NO.	Yuma General Hospital		
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.					
2. FULL NAME Infant of Valva M. Tollison					
(A) RESIDENCE: NO. Somerton, Arizona ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)			
female	White	single			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1940					
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.	
Still born					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	Child				
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)	Yuma Arizona				
13. NAME	Valva M. Tollison				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)	Oklahoma				
15. MAIDEN NAME	Arzada Scott				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)	Oklahoma				
17. INFORMANT (ADDRESS)	Valva M. Tollison Gen. Del. Somerton Arizona				
18. BURIAL PLACE	Yuma Cemetery DATE 1/16/40				
19. EMBALMER (ADDRESS)	The Johnson Mortuary Yuma, Arizona				
20. FILED	Jan. 17 1940 Mary A. Whiffen Registrar				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1940					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan. 15, 1940, TO Jan. 15, 1940					
I LAST SAW HIM/HER ALIVE ON 1940; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:20 P. M.					
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:					
Stillbirth					
Congenital stenosis of larynx					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:					
Prematurity 1-15-40					
Maternal pre-eclamptic toxemia 12-1-39					
Breech presentation					
NAME OF OPERATION DATE OF					
WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY?					
23. DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19					
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE					
MANNER OF INJURY					
NATURE OF INJURY					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No					
IF SO, SPECIFY (SIGNED) a. J. Podolsky M. D. (ADDRESS) Somerton, Arizona					